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# *2004 Arizona Youth Survey*

## *City of Scottsdale, Maricopa County*



**REPORT PROVIDED BY:**

Arizona Criminal Justice Commission

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*2004 Arizona Youth Survey*

***Shining Light on Arizona Youth***

Arizona Criminal Justice Commission

**IN PARTNERSHIP WITH:**

Administrative Office of the Courts

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

Arizona Juvenile Justice Commission

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

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# Introduction

## 2004 Arizona Youth Survey Summary for

### City of Scottsdale, Maricopa County

This report summarizes some of the findings from the 2004 Arizona Youth Survey administered to 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students during the spring of 2004. The results for your school are presented along with overall results for the State. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are invited to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Students representing large and small schools and different ethnic and cultural groups participated in the survey. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in grades 8, 10, and 12 in Arizona.

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### Risk and Protective Factor Definitions

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Table 1 contains the characteristics of the students who completed the survey from your school and the State.

## The Risk and Protective Factor Model of Prevention

Many states and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

**Table 1. Characteristics of Participants**

	Region				State			
	2002		2004		2002		2004	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total Students</b>	0	100	4047	100	12203	100	40960	100
<b>Grade</b>								
8	0	0.0	1574	38.9	3451	28.3	18812	45.9
10	0	0.0	1345	33.2	4984	40.8	12558	30.7
12	0	0.0	1128	27.9	3768	30.9	9590	23.4
<b>Gender</b>								
Male	0	0.0	1948	49.0	5881	49.3	19172	47.5
Female	0	0.0	2024	51.0	6043	50.7	21161	52.5
<b>Ethnicity</b>								
White	0	0.0	3143	78.5	6198	51.8	19745	49.0
African American	0	0.0	95	2.4	292	2.4	1503	3.7
Native American	0	0.0	51	1.3	1237	10.3	2938	7.3
Hispanic	0	0.0	354	8.8	3630	30.3	13184	32.7
Asian	*	*	124	3.1	258*	2.2*	812	2.0
Pacific Islander			31	0.8			289	0.7

\* 2002 categories Asian and Pacific Islander were combined as 'Asian or Pacific Islander'

## 2004 Prevention Needs Assessment Risk and Protective Factors

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors.

Research on risk and protective factors has important implications for prevention efforts. The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by preventive interventions that also promote related protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring and tutoring interventions can be provided that will improve academic performance, and also increase opportunities and rewards for classroom participation.

Risk- and protective-focused drug abuse prevention is based on the work of J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D., and a team of researchers at the University of Washington in Seattle. Beginning in the early 1980's the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse and delinquency. Not surprisingly, they found that a relationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence and were able to identify risk factors for these problems.

The chart at the right shows the links between the 16 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

YOUTH AT RISK	PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
<b>Community</b>					
Availability of Drugs and Firearms	✓				✓
Community Laws and Norms Favorable Toward Drug Use	✓				
Transitions and Mobility	✓	✓		✓	
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓
Extreme Economic and Social Deprivation	✓	✓	✓	✓	✓
<b>Family</b>					
Family History of High Risk Behavior	✓	✓	✓	✓	
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Parental Attitudes and Involvement	✓	✓			✓
<b>School</b>					
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓
Academic Failure in Elementary School	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	
<b>Individual/Peer</b>					
Alienation and Rebelliousness	✓	✓		✓	
Friends Who Engage in a Problem Behavior	✓	✓	✓	✓	✓
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓

# Tools for Assessment and Planning

## School and Community Improvement Using Survey Data

### Why the Arizona Youth Survey?

Data from the Arizona Youth Survey can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your school and community make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

### What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors appear to be higher than you would want?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
  - Which substances are your students using the most?
  - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
  - Which behaviors are your students exhibiting the most?
  - At which grades do you see unacceptable behavior levels?

### How to decide if a rate is “unacceptable.”

- Look across the charts – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for 40% of high school students to drink alcohol regularly even when the statewide percentage is 50%?

### Use these data for planning.

- Substance use and antisocial behavior data – raise awareness about the problems and promote dialogue
- Risk and protective factor data – identify exactly where the community needs to take action
- Promising approaches – talk with resources listed on the last page of this report for ideas about programs that have proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low

### MEASURE

Risk Factors  
Protective Factors  
Substance Use  
Antisocial Behaviors

Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4

## Tools for Assessment and Planning

### School and Community Improvement Using Survey Data

#### How do I decide which intervention(s) to employ?

- Strategies should be selected based on the risk factors that are high in your community and the protective factors that are low.
- Strategies should be age appropriate and employed prior to the onset of the problem behavior.
- Strategies chosen should address more than a single risk and protective factor.
- No single prevention program offers the complete solution.

**An isolated prevention program does not provide the complete solution to reducing youth problem behaviors. A comprehensive prevention strategy addresses ATOD use, antisocial behavior, and risk and protective factors.**

#### How do I know whether or not the intervention was effective?

Participation in the bi-annual administration of the survey provides trend data necessary for determining the effectiveness of the implemented intervention(s) and also provides data for determining any new efforts that are needed.

## How to Read the Charts Brief Overview

- Student responses for risk and protective factors, substance use, antisocial behavior and other questions are displayed by grade on the following pages.
- The bars represent the percentage of students in your school who reported elevated risk or protection, substance use, or antisocial behaviors. There are two bars presented for each factor, one showing the results from the 2002 Arizona Youth Survey and another showing the results from this 2004 survey.
- Scanning across these charts, you can easily determine which factors are most (or least) prevalent, thus identifying which of the factors are most important for your school or community to address.
- Bars will be complemented by a small dot. This dot shows the comparison to all Arizona students sampled, and provides additional information for your school and community in determining the relative importance of each risk and protective factor. Additional explanations of cut-points, dots, and the 7-state norm line are located on the following page.
- Actual percentages of the information shown on the charts are provided in the data tables at the end of this profile report.
- Brief definitions of the risk and protective factors can be found following the profile charts.

## How to Read the Charts: Cut-Points, Dots, and Dashed Lines

There are three components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cut-points for the risk and protective factor scales, 2) the dots that indicate the state values, and 3) the dashed lines that indicate a more “national” value.

### Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. The Arizona Youth Survey, and other surveys designed for other states and areas, follow the PNA format and have the same goal of gathering information on the prevention needs of students, schools, communities, and states. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 45% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

### Dots

The dots on the charts represent the percentage of all of the youth surveyed from Arizona who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

### Dashed Line

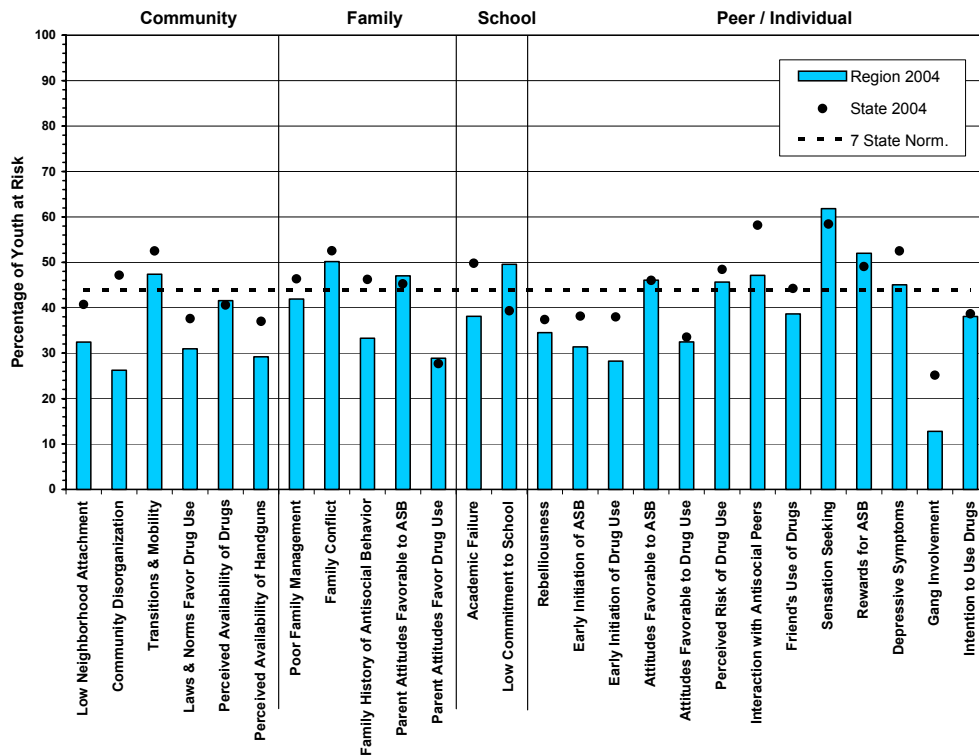
Levels of risk and protection in your community also can be compared to a more national sample. The dashed line on each risk and protective factor chart represents the percentage of youth at risk or with protection for the seven state sample upon which the cut-points were developed. The seven states included in the norm group were Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington. All the states have a mix of urban and rural students.

Again, brief definitions of the risk and protective factors are provided following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

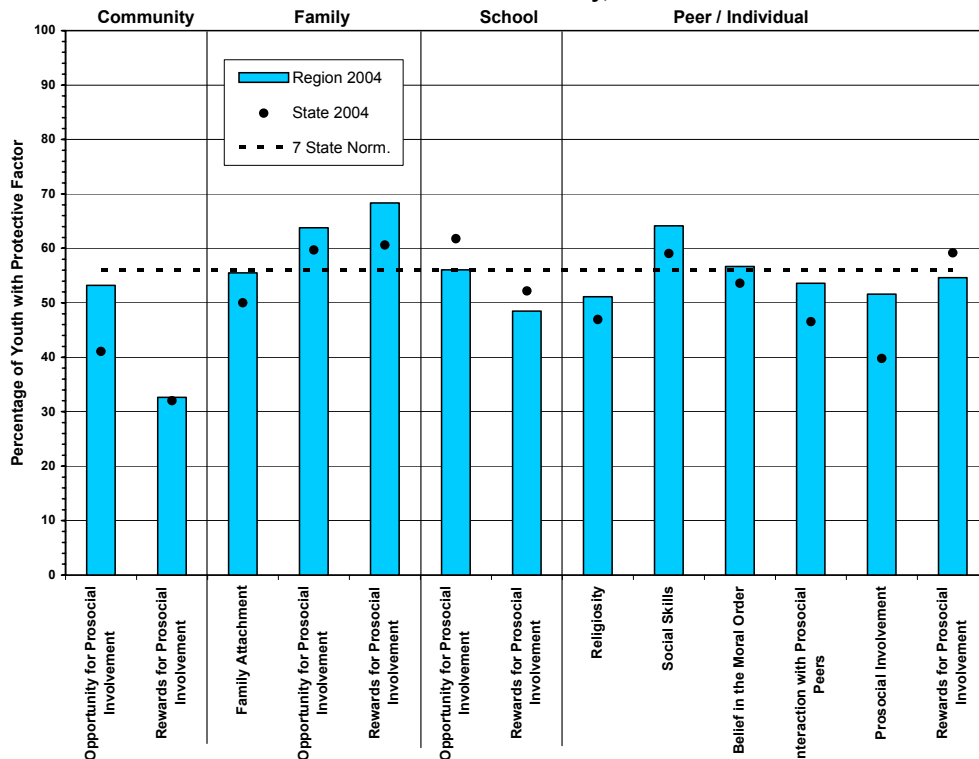
# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

**CITY OF SCOTTSDALE RISK FACTORS**  
2004 Student Survey, Grade 8



**CITY OF SCOTTSDALE PROTECTIVE FACTORS**  
2004 Student Survey, Grade 8

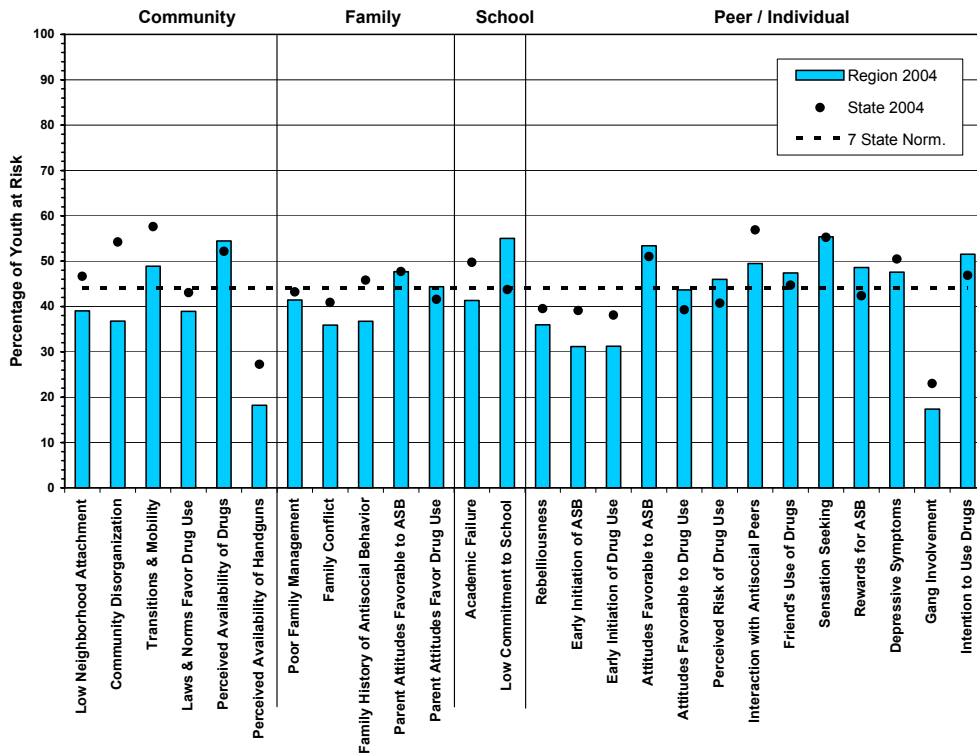




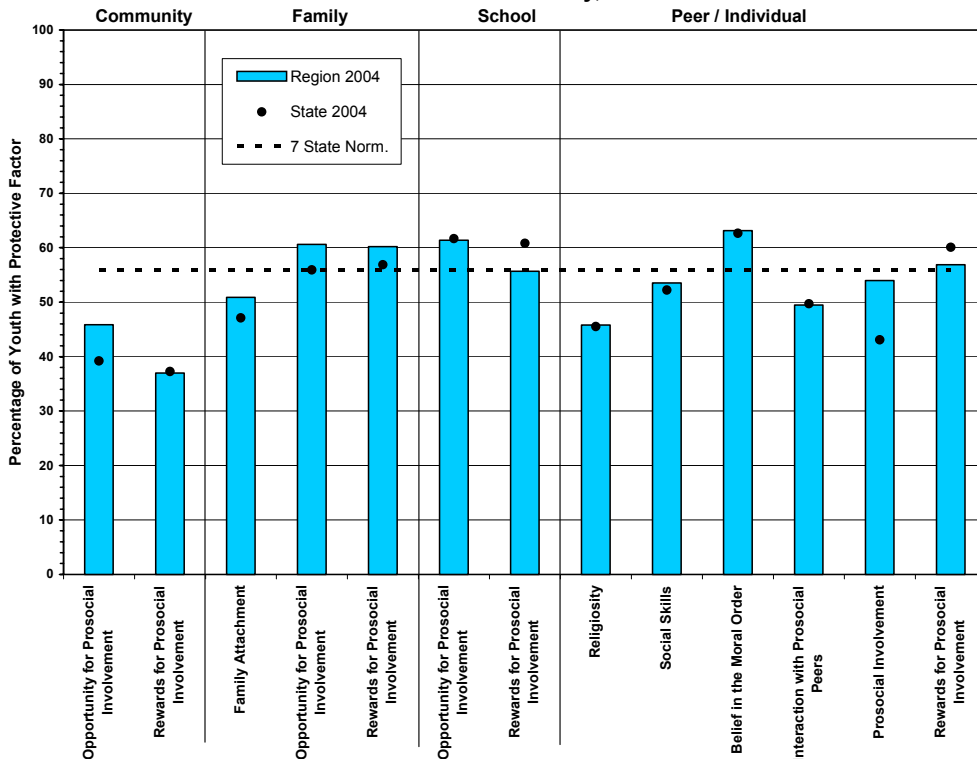
# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

**CITY OF SCOTTSDALE RISK FACTORS**  
2004 Student Survey, Grade 10

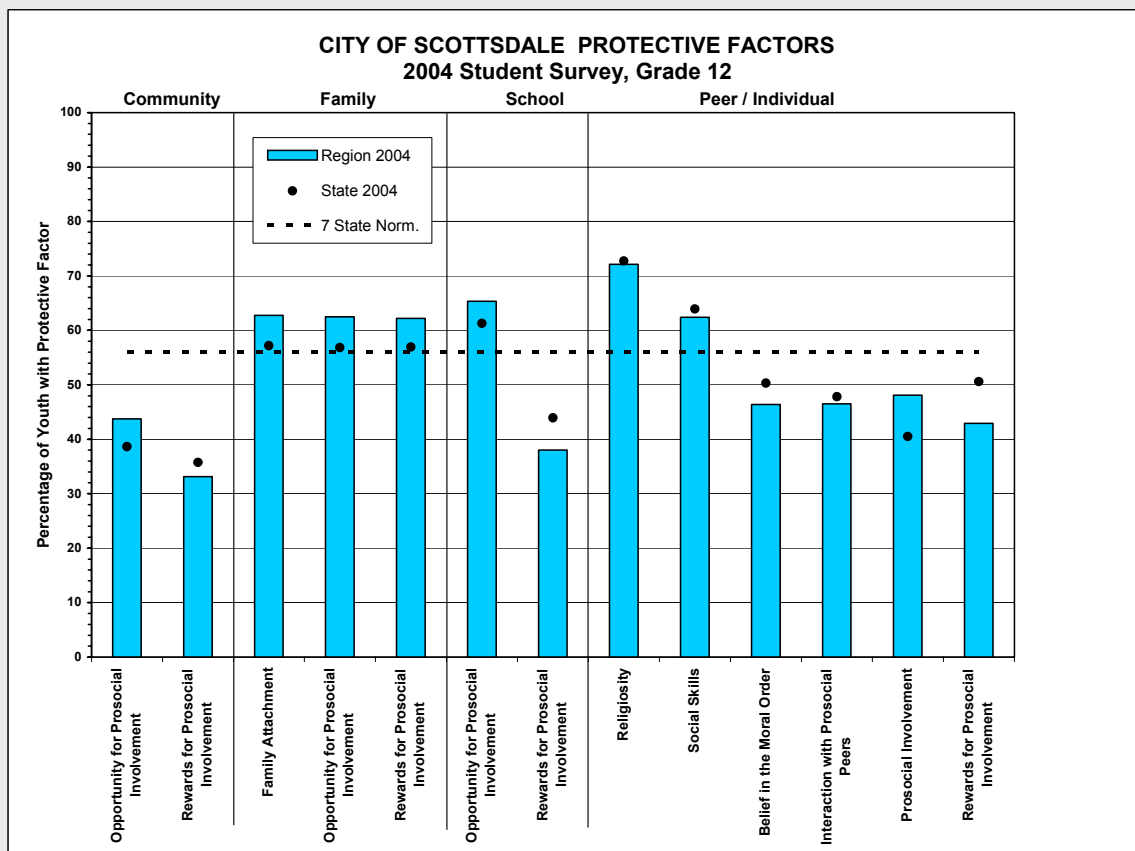
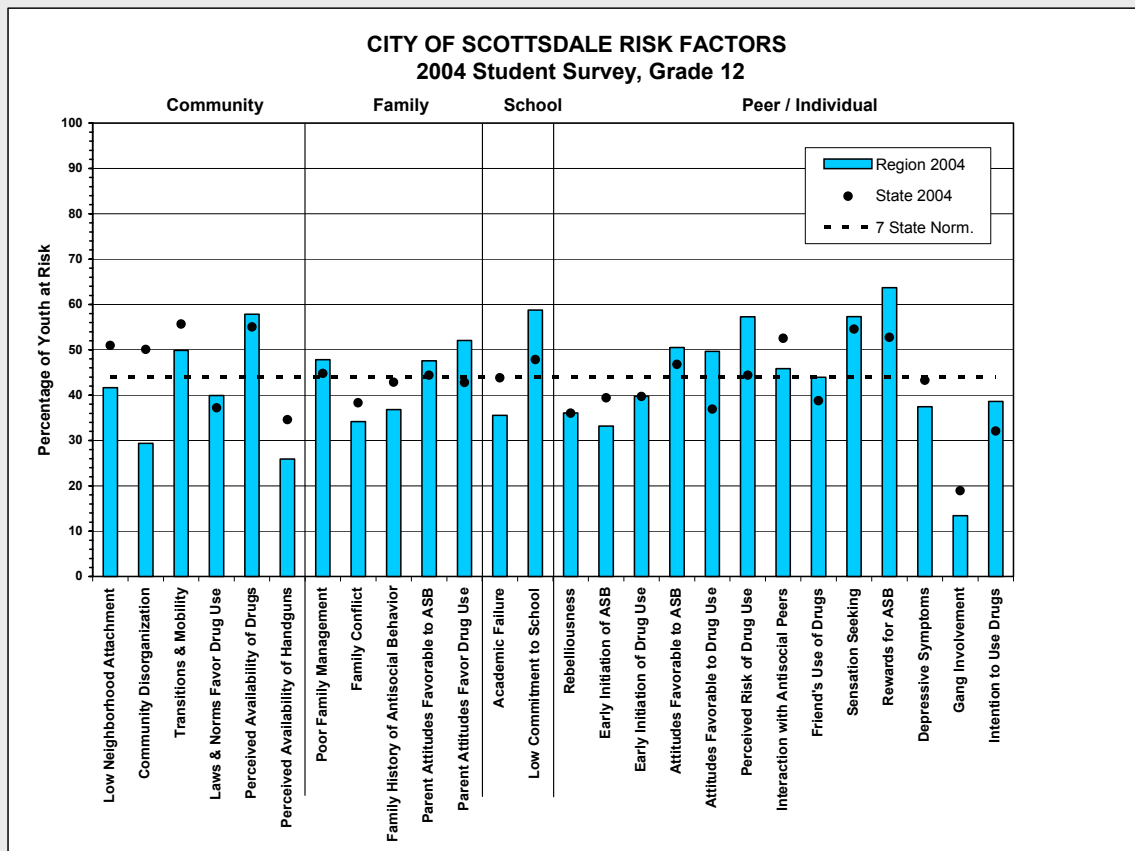


**CITY OF SCOTTSDALE PROTECTIVE FACTORS**  
2004 Student Survey, Grade 10

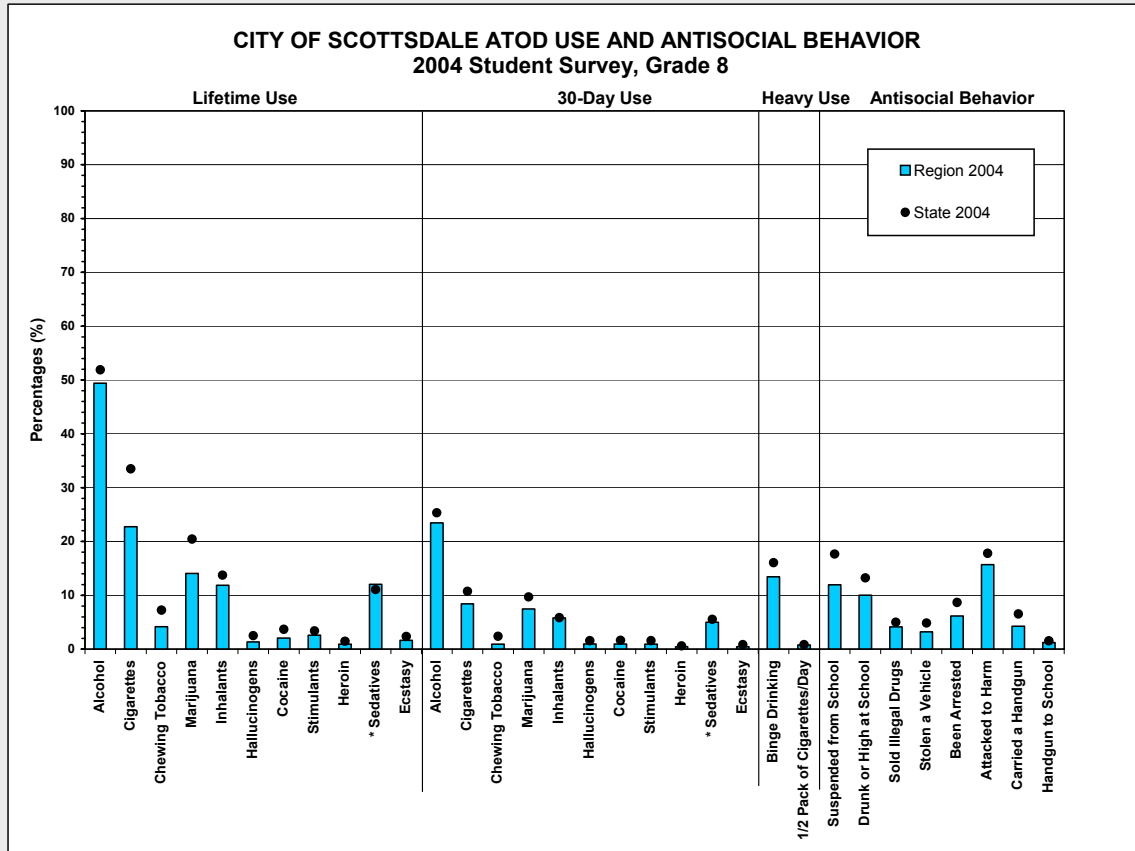


# Risk and Protective Factor Profiles

*Elevated Risk and Protection*

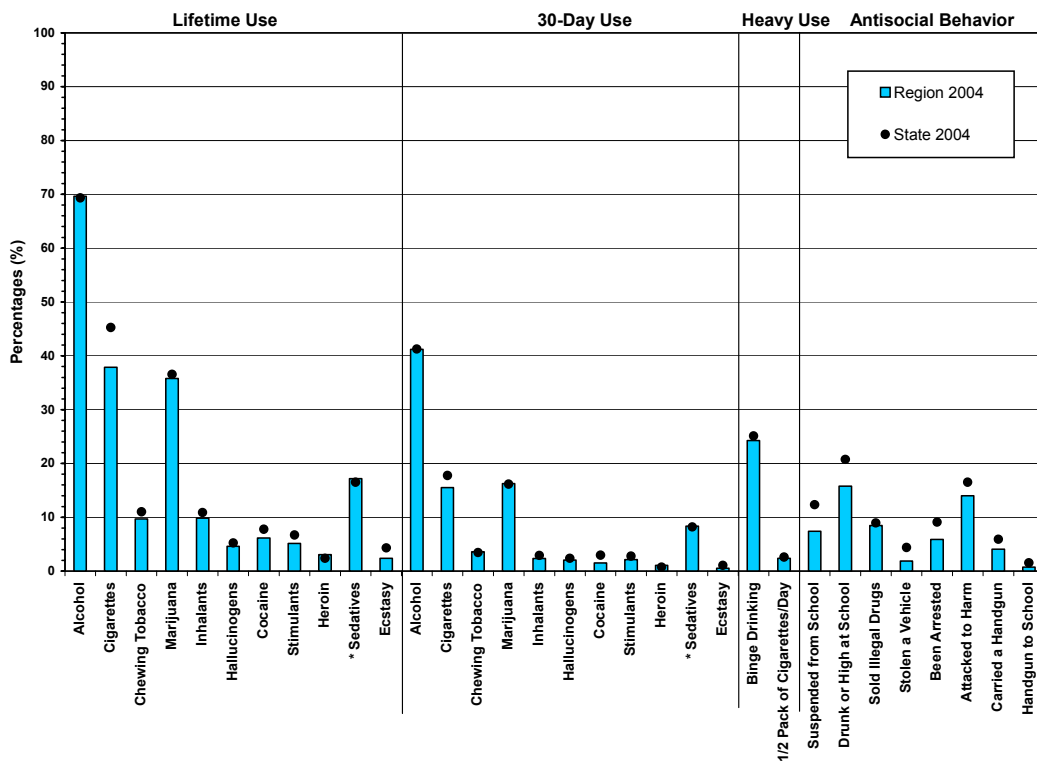


# ATOD Use and Antisocial Behavior

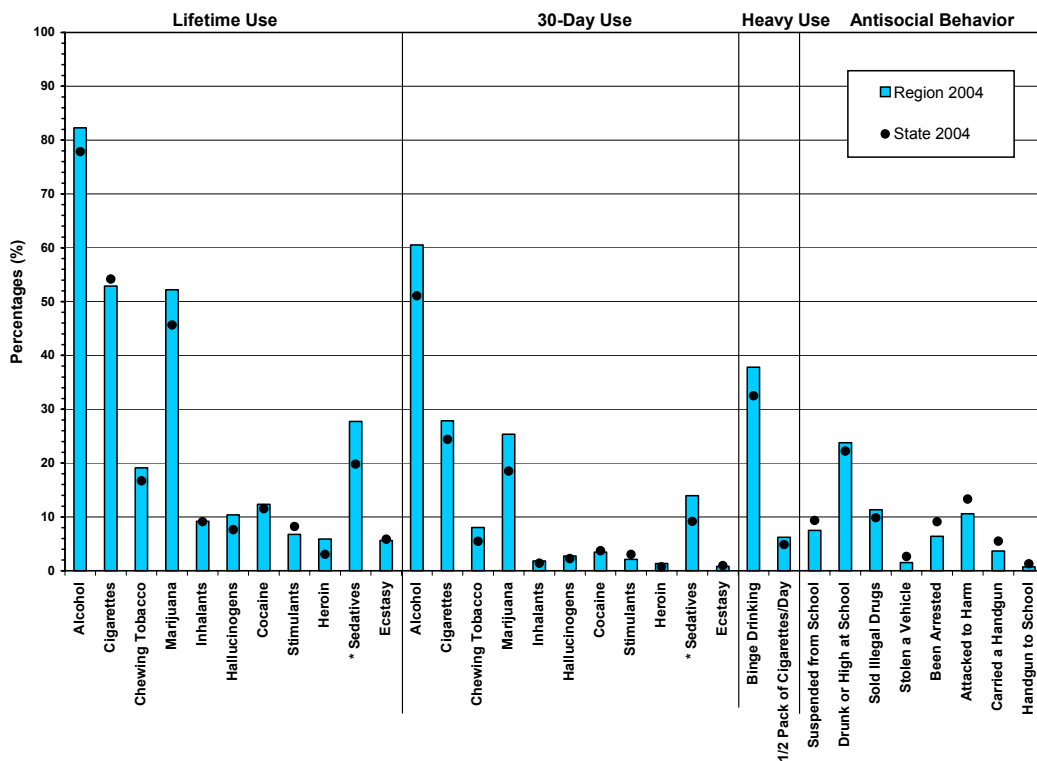


# ATOD Use and Antisocial Behavior

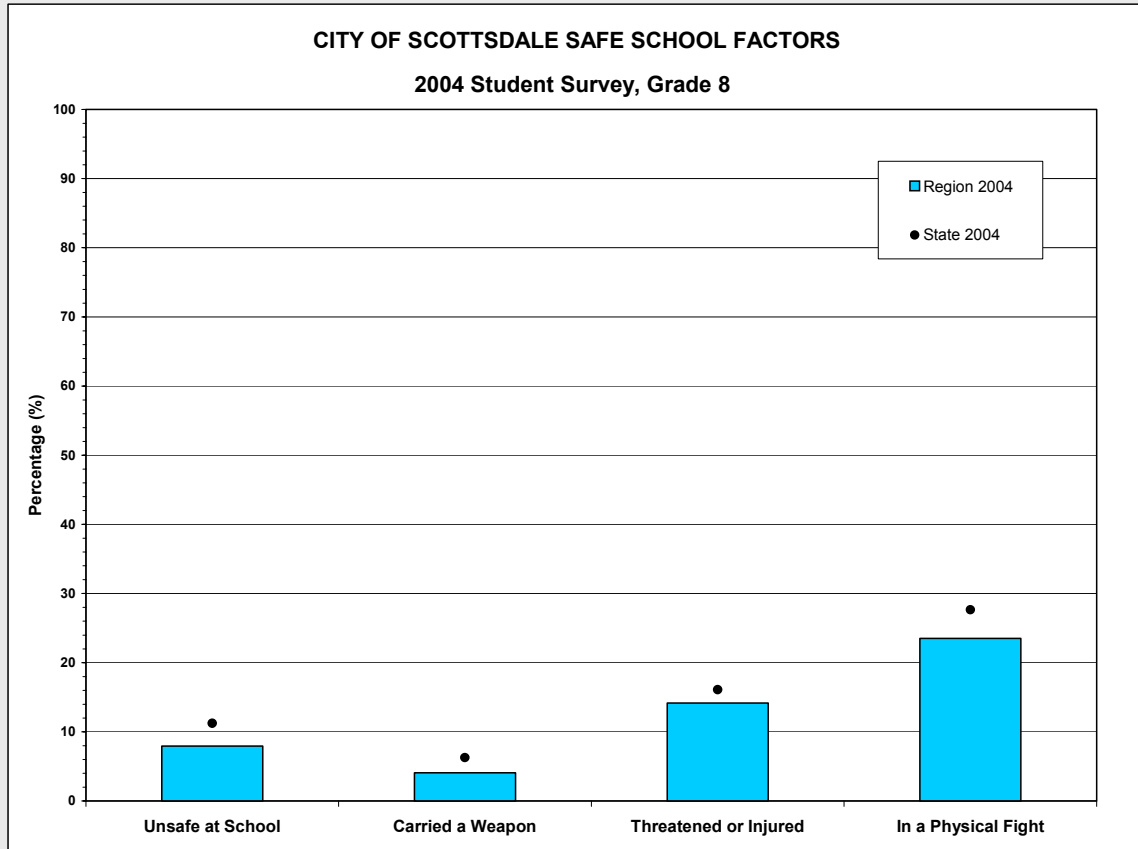
**CITY OF SCOTTSDALE ATOD USE AND ANTISOCIAL BEHAVIOR  
2004 Student Survey, Grade 10**



**CITY OF SCOTTSDALE ATOD USE AND ANTISOCIAL BEHAVIOR  
2004 Student Survey, Grade 12**

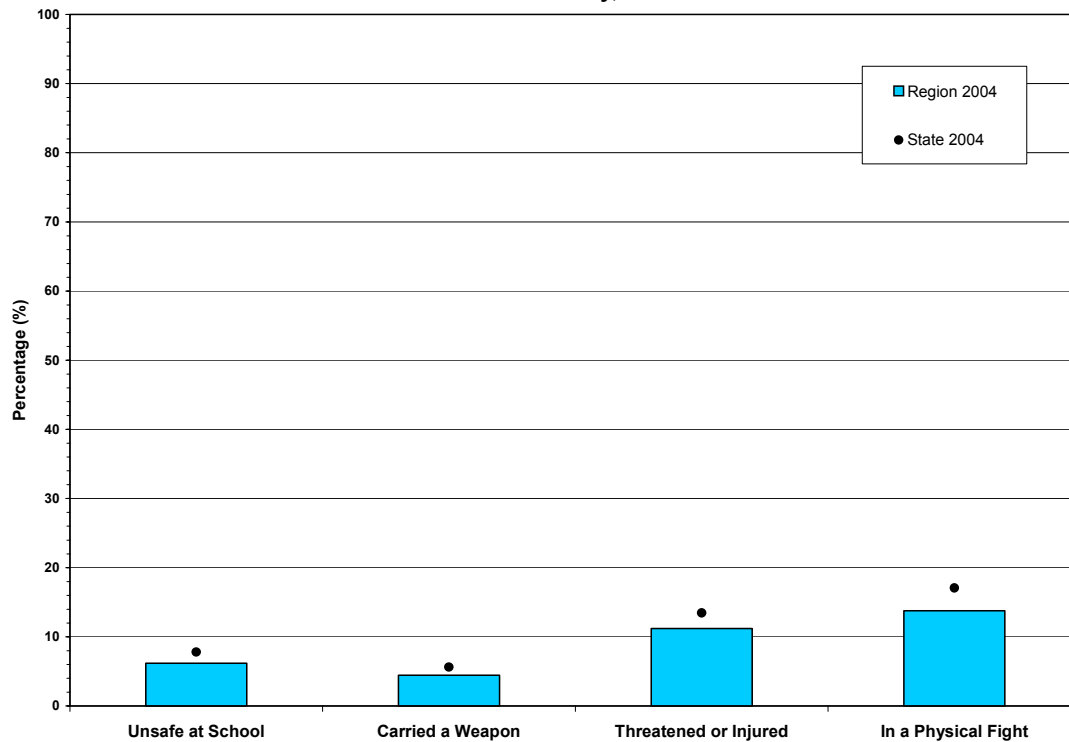


# School Safety Profile

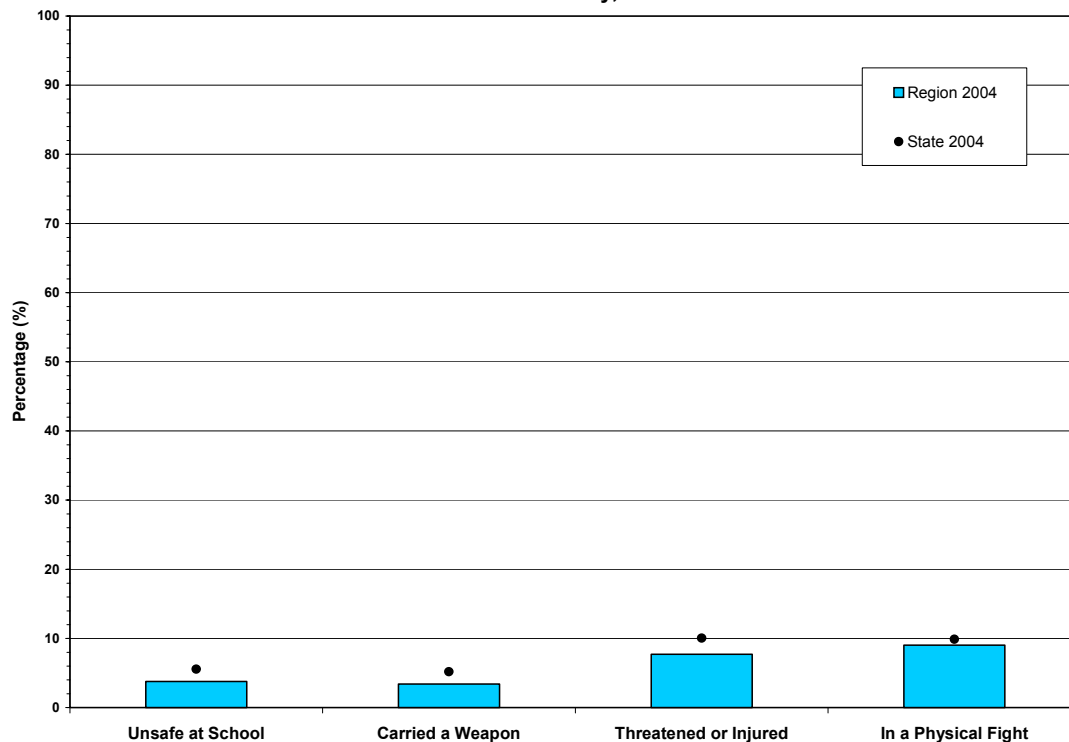


# School Safety Profile

**CITY OF SCOTTSDALE SAFE SCHOOL FACTORS**  
**2004 Student Survey, Grade 10**



**CITY OF SCOTTSDALE SAFE SCHOOL FACTORS**  
**2004 Student Survey, Grade 12**



**Table 2. Risk and Protective Factor Scale Definitions**

<i>Community Domain Risk Factors</i>	
<b>Community and Personal Transitions &amp; Mobility</b>	Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, while children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use.
<b>Community Disorganization</b>	Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling.
<b>Low Neighborhood Attachment</b>	A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling.
<b>Laws and Norms Favorable Toward Drug Use</b>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
<b>Perceived Availability of Drugs and Handguns</b>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
<i>Community Domain Protective Factors</i>	
<b>Opportunities for Positive Involvement</b>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<b>Rewards for Positive Involvement</b>	Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<b>Family History of Antisocial Behavior</b>	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<b>Family Conflict</b>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
<b>Parental Attitudes Favorable Toward Antisocial Behavior &amp; Drugs</b>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<b>Poor Family Management</b>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
<i>Family Domain Protective Factors</i>	
<b>Family Attachment</b>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
<b>Opportunities for Positive Involvement</b>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
<b>Rewards for Positive Involvement</b>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<i>School Domain Risk Factors</i>	
<b>Academic Failure</b>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

<b>Table 2. Risk and Protective Factor Scale Definitions (Continued)</b>	
<b>Low Commitment to School</b>	Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or non-medically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.
<b><i>School Domain Protective Factors</i></b>	
<b>Opportunities for Positive Involvement</b>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
<b>Rewards for Positive Involvement</b>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
<b><i>Peer-Individual Risk Factors</i></b>	
<b>Early Initiation of Antisocial Behavior and Drug Use</b>	Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
<b>Attitudes Favorable Toward Antisocial Behavior and Drug Use</b>	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
<b>Friends' Use of Drugs</b>	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
<b>Interaction with Antisocial Peers</b>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<b>Perceived Risk of Drug Use</b>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<b>Rewards for Antisocial Behavior</b>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<b>Rebelliousness</b>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<b>Sensation Seeking</b>	Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in drug use and other problem behaviors.
<b>Intention to Use ATODs</b>	Many prevention programs focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions.
<b>Depressive Symptoms</b>	Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors.
<b>Gang Involvement</b>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<b><i>Peer-Individual Protective Factors</i></b>	
<b>Religiosity</b>	Young people who regularly attend religious services are less likely to engage in problem behaviors.
<b>Social Skills</b>	Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors.
<b>Belief in the Moral Order</b>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<b>Prosocial Involvement</b>	Participation in positive school and community activities helps provide protection for youth.
<b>Prosocial Norms</b>	Young people who view working hard in school and the community are less likely to engage in problem behavior.
<b>Involvement with Prosocial Peers</b>	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.



**Table 3. Number of Students Who Completed the Survey**

Year	Grade 8				Grade 10				Grade 12			
	2002		2004		2002		2004		2002		2004	
	Region	State	Region	State	Region	State	Region	State	Region	State	Region	State
Number of Youth	0	3451	1574	18812	0	4984	1345	12558	0	3768	1128	9590

**Table 4. Percentage of Students Who Used ATODs During Their Lifetime**

Drug Used	Grade 8				Grade 10				Grade 12			
	2002		2004		2002		2004		2002		2004	
	Region	State	Region	State	Region	State	Region	State	Region	State	Region	State
Alcohol	0.0	56.9	49.4	51.9	0.0	72.3	69.6	69.3	0.0	80.8	82.3	77.9
Cigarettes	0.0	39.6	22.8	33.5	0.0	49.8	37.9	45.3	0.0	61.1	52.9	54.2
Chewing Tobacco	0.0	6.8	4.2	7.2	0.0	10.2	9.7	11.0	0.0	16.9	19.1	16.7
Marijuana	0.0	26.6	14.1	20.4	0.0	41.6	35.8	36.6	0.0	50.8	52.2	45.7
Inhalants	0.0	11.9	11.9	13.7	0.0	10.4	9.8	10.9	0.0	10.1	9.2	9.1
Hallucinogens	0.0	2.4	1.4	2.5	0.0	8.3	4.6	5.3	0.0	12.6	10.4	7.6
Cocaine	0.0	4.5	2.1	3.7	0.0	8.2	6.2	7.8	0.0	12.0	12.3	11.5
Stimulants	0.0	2.9	2.6	3.4	0.0	6.8	5.1	6.7	0.0	8.6	6.7	8.2
Heroin	0.0	1.9	0.9	1.5	0.0	3.2	3.1	2.4	0.0	3.8	5.9	3.0
* Sedatives	*	*	12.1	11.0	*	*	17.2	16.5	*	*	27.7	19.8
Ecstasy	0.0	5.5	1.6	2.4	0.0	8.2	2.4	4.3	0.0	12.0	5.6	5.9
Any Drug	0.0	33.2	26.5	33.2	0.0	44.5	43.8	45.6	0.0	52.8	57.6	52.4

**Table 5. Percentage of Students Who Used ATODs During the Past 30 Days**

Drug Used	Grade 8				Grade 10				Grade 12			
	2002		2004		2002		2004		2002		2004	
	Region	State	Region	State	Region	State	Region	State	Region	State	Region	State
Alcohol	0.0	34.4	23.5	25.3	0.0	47.9	41.2	41.3	0.0	58.9	60.5	51.1
Cigarettes	0.0	9.1	8.4	10.7	0.0	18.1	15.5	17.7	0.0	23.2	27.9	24.4
Chewing Tobacco	0.0	4.0	0.9	2.4	0.0	4.7	3.6	3.4	0.0	5.9	8.0	5.4
Marijuana	0.0	14.3	7.4	9.7	0.0	22.4	16.3	16.2	0.0	25.4	25.4	18.5
Inhalants	0.0	6.5	5.8	5.8	0.0	3.4	2.4	2.9	0.0	2.0	1.8	1.4
Hallucinogens	0.0	1.5	1.0	1.6	0.0	3.2	2.1	2.4	0.0	3.1	2.7	2.3
Cocaine	0.0	2.6	1.0	1.6	0.0	3.5	1.5	3.0	0.0	4.0	3.5	3.7
Stimulants	0.0	1.0	0.9	1.6	0.0	2.6	2.1	2.8	0.0	2.2	2.1	3.0
Heroin	0.0	1.2	0.5	0.6	0.0	1.4	1.1	0.7	0.0	1.3	1.4	0.7
* Sedatives	*	*	5.0	5.5	*	*	8.3	8.2	*	*	14.0	9.2
Ecstasy	0.0	3.6	0.5	0.8	0.0	2.5	0.5	1.1	0.0	3.2	0.8	1.0
Any Drug	0.0	19.9	14.6	17.9	0.0	25.7	21.9	23.6	0.0	28.6	31.8	25.1

**Table 6. Percentage of Students With Heavy Use of Alcohol and Cigarettes**

Drug Used	Grade 8				Grade 10				Grade 12			
	2002		2004		2002		2004		2002		2004	
	Region	State	Region	State	Region	State	Region	State	Region	State	Region	State
Binge Drinking	0.0	14.1	13.4	16.0	0.0	26.0	24.3	25.1	0.0	32.2	37.8	32.5
1/2 Pack of Cigarettes/Day	0.0	1.2	0.8	0.8	0.0	3.5	2.4	2.6	0.0	6.0	6.2	4.8

**Table 7. Percentage of Students With Antisocial Behavior in the Past Year**

Behavior	Grade 8				Grade 10				Grade 12			
	2002		2004		2002		2004		2002		2004	
	Region	State	Region	State	Region	State	Region	State	Region	State	Region	State
Suspended from School	0.0	18.1	11.9	17.7	0.0	11.6	7.4	12.3	0.0	8.1	7.5	9.3
Drunk or High at School	0.0	15.4	10.0	13.2	0.0	20.5	15.8	20.8	0.0	23.8	23.8	22.2
Sold Illegal Drugs	0.0	5.7	4.1	5.0	0.0	9.9	8.5	8.9	0.0	10.0	11.3	9.8
Stolen a Vehicle	0.0	3.3	3.2	4.8	0.0	3.6	1.9	4.4	0.0	2.1	1.5	2.6
Been Arrested	0.0	9.1	6.2	8.7	0.0	8.0	5.9	9.1	0.0	8.2	6.4	9.1
Attacked to Harm	0.0	11.6	15.7	17.8	0.0	10.8	14.0	16.5	0.0	9.1	10.6	13.3
Carried a Handgun	0.0	6.7	4.2	6.5	0.0	5.0	4.1	5.9	0.0	4.9	3.7	5.5
Handgun to School	0.0	1.4	1.2	1.5	0.0	1.3	0.8	1.5	0.0	1.0	0.7	1.3

\* The 2002 sedative question only asked about quaaludes, barbituates, and tranquilizers and is not comparable to the 2004 question.

**Table 8. Percentage of Students Reporting Risk**

Risk Factor	Grade 8				Grade 10				Grade 12			
	2002		2004		2002		2004		2002		2004	
	Region	State	Region	State	Region	State	Region	State	Region	State	Region	State
<b>Community Domain</b>												
Low Neighborhood Attachment	0.0	38.1	32.4	40.7	0.0	39.3	39.1	46.7	0.0	44.3	41.7	51.0
Community Disorganization	0.0	43.1	26.3	47.2	0.0	40.0	36.8	54.2	0.0	39.5	29.4	50.1
Transitions & Mobility	0.0	47.4	47.4	52.5	0.0	45.3	48.9	57.6	0.0	45.1	49.9	55.7
Laws & Norms Favor Drug Use	0.0	34.9	30.9	37.6	0.0	35.1	38.9	43.1	0.0	33.1	39.9	37.2
Perceived Availability of Drugs	0.0	39.9	41.6	40.6	0.0	50.5	54.4	52.1	0.0	60.1	57.8	55.0
Perceived Availability of Handguns	0.0	37.5	29.2	37.0	0.0	24.7	18.2	27.3	0.0	32.7	25.9	34.6
<b>Family Domain</b>												
Poor Family Management	0.0	43.1	41.9	46.4	0.0	41.5	41.5	43.2	0.0	46.2	47.8	44.8
Family Conflict	0.0	46.1	50.2	52.5	0.0	34.3	35.9	40.9	0.0	31.4	34.2	38.3
Family History of Antisocial Behavior	0.0	40.5	33.3	46.2	0.0	37.7	36.8	45.8	0.0	35.5	36.8	42.9
Parent Attitudes Favorable to ASB	0.0	41.7	47.0	45.3	0.0	44.3	47.7	47.7	0.0	42.9	47.6	44.4
Parent Attitudes Favor Drug Use	0.0	25.8	28.9	27.7	0.0	44.0	44.3	41.6	0.0	45.2	52.1	42.8
<b>School Domain</b>												
Academic Failure	0.0	52.3	38.1	49.8	0.0	46.5	41.3	49.8	0.0	43.7	35.6	43.8
Low Commitment to School	0.0	41.2	49.6	39.4	0.0	45.4	55.1	43.7	0.0	44.6	58.8	47.9
<b>Peer-Individual Domain</b>												
Rebelliousness	0.0	40.0	34.5	37.4	0.0	40.9	36.0	39.5	0.0	38.6	36.1	36.0
Early Initiation of ASB	0.0	33.6	31.4	38.1	0.0	31.1	31.1	39.1	0.0	32.2	33.2	39.4
Early Initiation of Drug Use	0.0	40.3	28.2	38.0	0.0	39.0	31.2	38.1	0.0	40.6	39.7	39.7
Attitudes Favorable to ASB	0.0	46.3	46.1	46.0	0.0	54.5	53.4	51.0	0.0	53.3	50.5	46.8
Attitudes Favorable to Drug Use	0.0	37.4	32.5	33.5	0.0	47.2	43.6	39.3	0.0	46.4	49.6	36.9
Perceived Risk of Drug Use	0.0	47.9	45.6	48.5	0.0	45.3	46.0	40.7	0.0	47.6	57.3	44.4
Interaction with Antisocial Peers	0.0	52.1	47.1	58.2	0.0	48.2	49.5	56.9	0.0	47.8	45.8	52.6
Friend's Use of Drugs	0.0	41.9	38.7	44.2	0.0	44.8	47.4	44.7	0.0	41.3	44.0	38.8
Sensation Seeking	0.0	41.6	61.8	58.4	0.0	44.6	55.4	55.3	0.0	46.5	57.3	54.6
Rewards for ASB	0.0	38.0	52.0	49.1	0.0	34.6	48.6	42.4	0.0	40.1	63.7	52.8
Depressive Symptoms	0.0	48.2	45.0	52.5	0.0	43.8	47.6	50.5	0.0	39.7	37.5	43.3
Gang Involvement	0.0	21.7	12.8	25.1	0.0	13.6	17.4	23.0	0.0	10.7	13.4	18.9
Intention to Use Drugs	*	*	38.1	38.6	*	*	51.5	46.9	*	*	38.6	32.1

**Table 9. Percentage of Students Reporting Protection**

Protective Factor	Grade 8				Grade 10				Grade 12			
	2002		2004		2002		2004		2002		2004	
	Region	State	Region	State	Region	State	Region	State	Region	State	Region	State
<b>Community Domain</b>												
Opportunity for Prosocial Involvement	0.0	40.7	53.2	41.1	0.0	43.6	45.9	39.2	0.0	43.2	43.7	38.6
Rewards for Prosocial Involvement	0.0	31.9	32.6	32.0	0.0	42.3	37.0	37.3	0.0	37.4	33.1	35.8
<b>Family Domain</b>												
Family Attachment	0.0	52.4	55.5	50.0	0.0	49.4	50.9	47.1	0.0	61.5	62.8	57.2
Opportunity for Prosocial Involvement	0.0	59.2	63.8	59.7	0.0	57.8	60.6	55.9	0.0	56.9	62.5	56.8
Rewards for Prosocial Involvement	0.0	61.0	68.3	60.6	0.0	56.5	60.2	56.9	0.0	57.7	62.2	56.9
<b>School Domain</b>												
Opportunity for Prosocial Involvement	0.0	56.2	56.1	61.8	0.0	58.6	61.4	61.7	0.0	64.2	65.3	61.3
Rewards for Prosocial Involvement	0.0	48.9	48.5	52.2	0.0	60.8	55.7	60.8	0.0	49.5	38.0	43.9
<b>Peer-Individual Domain</b>												
Religiosity	*	*	51.1	46.9	*	*	45.8	45.5	*	*	72.1	72.7
Social Skills	0.0	59.5	64.1	59.1	0.0	53.8	53.5	52.2	0.0	64.1	62.4	63.9
Belief in the Moral Order	0.0	50.0	56.7	53.6	0.0	58.9	63.1	62.7	0.0	45.4	46.4	50.3
Interaction with Prosocial Peers	*	*	53.6	46.5	*	*	49.5	49.7	*	*	46.5	47.8
Prosocial Involvement	*	*	51.6	39.8	*	*	54.0	43.1	*	*	48.1	40.5
Rewards for Prosocial Involvement	*	*	54.6	59.2	*	*	56.9	60.1	*	*	42.9	50.6

\* not available, scale not included in 2002 survey

**Table 10. Percentage of Students in the State and Your School Reporting Safety and School Issues**

	Response	Grade 8				Grade 10				Grade 12			
	Year	2002		2004		2002		2004		2002		2004	
		Region	State	Region	State	Region	State	Region	State	Region	State	Region	State
<b>Safety</b>													
During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?	0 days	0.0	94.6	95.9	93.7	0.0	94.2	95.5	94.4	0.0	93.2	96.6	94.8
	1 day	0.0	1.8	2.1	2.9	0.0	1.0	1.5	1.8	0.0	1.2	0.9	1.3
	2-3 days	0.0	1.3	0.8	1.5	0.0	1.2	0.8	1.2	0.0	0.8	0.5	0.8
	4-5 days	0.0	0.5	0.3	0.5	0.0	0.4	0.3	0.5	0.0	0.6	0.2	0.4
	6 or more days	0.0	1.7	0.9	1.5	0.0	3.2	1.9	2.1	0.0	4.1	1.8	2.6
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?	0 days	0.0	94.7	92.1	88.7	0.0	97.7	93.8	92.2	0.0	97.4	96.2	94.4
	1 day	0.0	3.2	4.8	6.1	0.0	1.1	2.9	4.0	0.0	1.2	2.0	2.6
	2-3 days	0.0	1.2	1.6	3.1	0.0	0.7	2.1	2.0	0.0	0.5	0.9	1.6
	4-5 days	0.0	0.2	0.6	0.7	0.0	0.1	0.5	0.7	0.0	0.2	0.4	0.6
	6 or more days	0.0	0.7	0.9	1.3	0.0	0.4	0.8	1.2	0.0	0.7	0.5	0.7
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?	0 times	0.0	90.0	85.8	83.9	0.0	91.0	88.8	86.5	0.0	94.4	92.3	89.9
	1 time	0.0	5.4	8.4	8.7	0.0	4.0	6.8	6.8	0.0	2.6	4.8	4.9
	2-3 times	0.0	2.7	3.1	4.0	0.0	3.3	2.2	3.5	0.0	1.4	2.1	3.0
	4-5 times	0.0	0.7	0.6	1.2	0.0	0.7	1.0	1.0	0.0	0.5	0.2	0.7
	6-7 times	0.0	0.2	0.4	0.5	0.0	0.1	0.4	0.5	0.0	0.1	0.3	0.4
	8-9 times	0.0	0.1	0.4	0.3	0.0	0.1	0.1	0.3	0.0	0.2	0.1	0.2
	10-11 times	0.0	0.0	0.0	0.1	0.0	0.1	0.2	0.2	0.0	0.1	0.0	0.1
	12 or more times	0.0	0.8	1.3	1.3	0.0	0.7	0.7	1.2	0.0	0.7	0.3	0.7
During the past 12 months, how many times were you in a physical fight on school property?	0 times	0.0	78.5	76.5	72.4	0.0	87.6	86.2	82.9	0.0	93.5	91.0	90.1
	1 time	0.0	12.7	12.8	14.4	0.0	7.3	8.3	9.5	0.0	3.6	5.7	5.8
	2-3 times	0.0	5.9	7.3	8.5	0.0	3.6	4.6	5.0	0.0	1.8	2.2	2.6
	4-5 times	0.0	1.2	1.8	2.4	0.0	0.5	0.5	1.1	0.0	0.3	0.3	0.6
	6-7 times	0.0	0.6	0.6	0.7	0.0	0.2	0.1	0.3	0.0	0.3	0.2	0.2
	8-9 times	0.0	0.1	0.3	0.4	0.0	0.1	0.0	0.3	0.0	0.1	0.0	0.3
	10-11 times	0.0	0.1	0.0	0.2	0.0	0.1	0.2	0.2	0.0	0.0	0.0	0.1
	12 or more times	0.0	1.0	0.7	1.1	0.0	0.6	0.2	0.7	0.0	0.3	0.7	0.4

## Contacts For Prevention

### Regional Prevention Contacts

#### **Cochise, Graham, Greenlee, Pima and Santa Cruz Counties**

Bill Burnett

Community Partnership of Southern Arizona (CPSA)  
520-318-6907

#### **Yuma and La Paz Counties**

Jeannette Zumaya

The EXCEL Group  
520-341-9199

#### **Apache, Coconino, Mohave, Navajo and Yavapai Counties**

Petrice Post

Northern Arizona Regional Behavioral Health  
Authority (NARBHA)  
520-214-2177

#### **Gila and Pinal Counties**

Heidi Haeder-Heild

Pinal Gila Behavioral Health Association (PGBHA)  
480-982-1317

#### **Maricopa County**

Gabriella Guerra

ValueOptions  
602-685-3861

#### **Gila River Health Care Corporation (GRHCC)**

Tom Cummins

520-562-3321

#### **Pasqua Yaqui Tribe Behavioral Health**

Luis P. Canez, Jr.

520-879-6060

#### **Navajo Nation**

Josepha Molina

928-871-6239

### Other State and National Contacts:

#### **Arizona Criminal Justice Commission**

Kristen Roof /Steve Ballance

602-364-1394/602-364-1157

[www.acjc.state.az.us](http://www.acjc.state.az.us)

#### **Arizona Department of Education**

Student Services Division

602-542-8700

[www.ade.az.gov](http://www.ade.az.gov)

#### **Arizona Department of Health Services**

Division of Behavioral Health Services

Lisa Shumaker

602-364-4630

[www.hs.state.az.us/bhs/ops](http://www.hs.state.az.us/bhs/ops)

#### **Center for Violence Prevention & Community Safety**

Violence Prevention Academy

Todd Armstrong, Ph.D., Director

602-543-6630

#### **Arizona Prevention Resource Center**

800-432-2772

[www.azprevention.org](http://www.azprevention.org)

#### **Center for Substance Abuse Prevention (CSAP)**

[www.samsha.gov/centers/csap/csap.html](http://www.samsha.gov/centers/csap/csap.html)

#### **Governor's Office of Children, Youth, and Families**

602-542-4043

<http://www.governor.state.az.us/cyf/index.html>

#### **Safe and Drug Free Schools and Communities**

U.S. Department of Education

[www.ed.gov/offices/OESE/SDFS](http://www.ed.gov/offices/OESE/SDFS)

#### **Substance Abuse and Mental Health**

Services Administration (SAMHSA)

[www.samhsa.gov](http://www.samhsa.gov)

#### **Western Regional Center for the**

Application of Prevention Technologies (CAPT)

[www.westcapt.org](http://www.westcapt.org)

#### **This Report was Prepared for the State of Arizona by Bach Harrison, L.L.C.**

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